



**Form
IT-8879**

State Form 53399
(R / 8-07)

**Do Not Mail
This Form**

DCN

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Indiana Individual Income Tax

DECLARATION OF ELECTRONIC FILING

For the tax year January 1 - December 31, 2007

| | | | |
|--|-------|-----------|---------------------------------|
| First Name(s) and Middle Initial(s) | | Last Name | Your Social Security Number |
| Spouse's First Name(s) and Middle Initial(s) | | Last Name | Spouse's Social Security Number |
| Street Address | | | Apartment Number |
| City | State | Zip Code | Daytime Telephone Number |

Part I Tax Return Information (Whole Dollar Amounts Only)

| | | |
|--|----|--|
| 1. Federal Adjusted Gross Income (Form IT-40, Line 1 or IT-40EZ, Line 1) | 1. | |
| 2. Indiana taxable income (Form IT-40, Line 15 or IT-40EZ, Line 5) | 2. | |
| 3. Total Indiana tax (Form IT-40, Line 22 or IT-40EZ, Line 9) | 3. | |
| 4. Total state tax withheld (Form IT-40, Line 23 or IT-40EZ, Box 10) | 4. | |
| 5. Total county tax withheld (Form IT-40, Line 24 or IT-40EZ, Box 11) | 5. | |
| 6. Total Indiana tax credits (Form IT-40, Line 31 or IT-40EZ, Line 13) | 6. | |
| 7. Refund (Form IT-40, Line 39 or IT-40EZ, Line 16) | 7. | |
| 8. Amount you owe (Form IT-40, Line 44 or IT-40EZ, Line 21) | 8. | |

Part II Direct Deposit

9. Routing number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.

10. Account number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

11. Type of account: ☐ Checking ☐ Savings ☐ Hoosier Works MC

**Do Not Mail
This Form**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and social security number to insure my refund is properly deposited.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2007 return is true correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the IDOR. I also consent to the IDOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the IDOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

Taxpayer's PIN: check one box only

☐ I authorize _____ to enter my PIN

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

 as my signature on my tax year 2007 electronically filed income tax return.

do not enter all zeros

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV on the next page.

Your signature _____ Date _____

Continued on page 2

▼ Attach W-2 Forms Here ▼

**I
N
D
I
A
N
A**

Part III Declaration of Taxpayer (continued)

Spouse's PIN: check one box only

☐ I authorize _____ to enter my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on my tax year 2007 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Your signature  _____ Date _____

Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature  _____ Date _____

ERO Must Retain This Form - See instructions Do Not Submit this form to IDOR unless requested to do so.

IT-8879 Instructions

Purpose of this form

Complete Form IT-8879 when the Practitioner PIN method is used or when the taxpayer authorizes the Electronic Return Originator (ERO) to enter or generate the taxpayer's Personal Identification Number (PIN) on his or her electronically filed Indiana individual income tax return.

The ERO will:

1. Enter the taxpayer's (and spouse's if filing a joint return) name, address, social security number, and daytime telephone number where indicated at the top of the form.
2. Complete Part I, using the amounts from the taxpayer's Indiana individual income tax return.
3. Complete Part II, if the taxpayer elects to have their refund direct deposited into their financial institution savings, checking or Hoosier Works MC account.
4. Enter or generate, if authorized by the taxpayer, the taxpayer's PIN in the boxes provided in Part III. If the taxpayer does not authorize the ERO to enter or generate the PIN, the taxpayer must enter their own PIN in Part III.
5. Enter on the Authorization Line in Part III, the ERO firm name (not the name of the individual preparing the return) if the ERO is authorized to enter the PIN for the taxpayer.
6. After the taxpayer(s) have reviewed, completed, signed and dated Part III of the form, the ERO will enter the 14-digit Declaration Control Number (DCN) assigned to the electronic tax return.
7. The ERO will then enter their Practitioner PIN, sign and date on Part IV only if using the Practitioner PIN method.

NOTE: The ERO must receive the completed and signed Form IT-8879 from the taxpayer before the electronic return is transmitted.

Important Notes for the ERO

- Do not send Form IT-8879 to the Indiana Department of Revenue (IDOR) unless requested to do so by an IDOR representative
- Keep the original IT-8879, signed by the taxpayer(s) along with any wage or tax statements, forms requiring signatures, or any other documentation that is used to verify Indiana deductions and credits in your files for 3 years.
- Provide the taxpayer(s) with a signed copy of the IT-8879.
- For direct deposit purposes, the ERO must verify the taxpayer's financial institution's Routing Transit Number, Account Number and Account Type.
- The ERO must use only use the Practitioner PIN Program for any "State Only" electronically filed return.
- If the taxpayer enters his or her own PIN, Form IT-8879 does not need to be completed.